24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Something Else Strategies	M = M / D = D / Y = Y = Y
Mailing Address 212 Golden Willow Ct.	11 01 2016 Amount
City State Zip Code	21900.00
Easley SC 29642	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004	11 01 / 2016
Name of Federal Candidate Support Offic	e Sought: X House District: 19
Teachout, Zephyr, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary x General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Cold Spark Media	11 01 2016
Mailing Address 307 Fourth Ave	
Suite 920	Amount
City State Zip Code	24071.59
Pittsburgh PA 15222	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ 004	11 01 2016
Type Type	11 01 2010
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 19
Teachout, Zephyr, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	45971.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	45971.59
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
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Signature	